

## MASSACHUSETTS DIVISION OF MARINE FISHERIES DAILY NARRATIVE REPORT

**Subgrantee Name:** \_\_\_\_\_

**NOTE:** Please submit one copy of this document with your request for reimbursement together with the evidence that each employee identified on this was actually paid during the period covered above (such as copies of payroll stubs, payroll warrants or other documentation). Although pumpout boat operators may be paid more than \$16/hr. in your location, that is the maximum amount we are allowed to reimburse 75% of. In addition to the above documentation, please include a signed copy of the **Affidavit**, certifying that the work performed above was for the CVA pumpout program.

**Work week begins on a: SUN MON TUES WED THUR FRI SAT and ends on a: SUN MON TUES WED THUR FRI SAT**  
**(circle one) (circle one)**

[illegible]

## **Affidavit**

I certify that the persons listed on the attached Daily Narrative Report performed the pumpout duties stated thereon according to the Clean Vessel Act Contract now in force with the Massachusetts Division of Marine Fisheries.

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NAME

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DATE

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TITLE